Audit Procedures

Project Of[illegible]son

For Office Use Only

Envelope Total: _____

Audited By: _____

Keyperson Envelope 3001
Pledge Card Numbers 75001 - 75025

CONTROLLED MATERIALS

KEYPERSON ENVELOPE

F.E.A.T.

1. **Find** Identify all the employees in your area of responsibility
2. **Educate** Make sure all employees attend a CFC briefing
3. **Ask** Ensure that you ask and provide everyone with a pledge card
4. **Thank** Thank everyone regardless of whether or not they gave

CONTENTS OF KIT

- 1 CFC Poster (post in a prominent place in your office space)
- 1 Donor Brochures (you will receive one Donor Brochure per employee)
- 25 Pledge Cards (one per employee)
- 1 Training Guide (KEYPERSON must read after checking contents)
- 1 Keyperson's Final Report Form (fill out completely after making all contacts)
- 1 Bank Deposit Slip (for a single deposit once envelope is complete)
- 1 250+ Cash/Check Form (to record all contributions made by Cash/Check that are $250.00 or more)
- 1 Lost Pledge Card Form (to record lost or destroyed pledge cards)

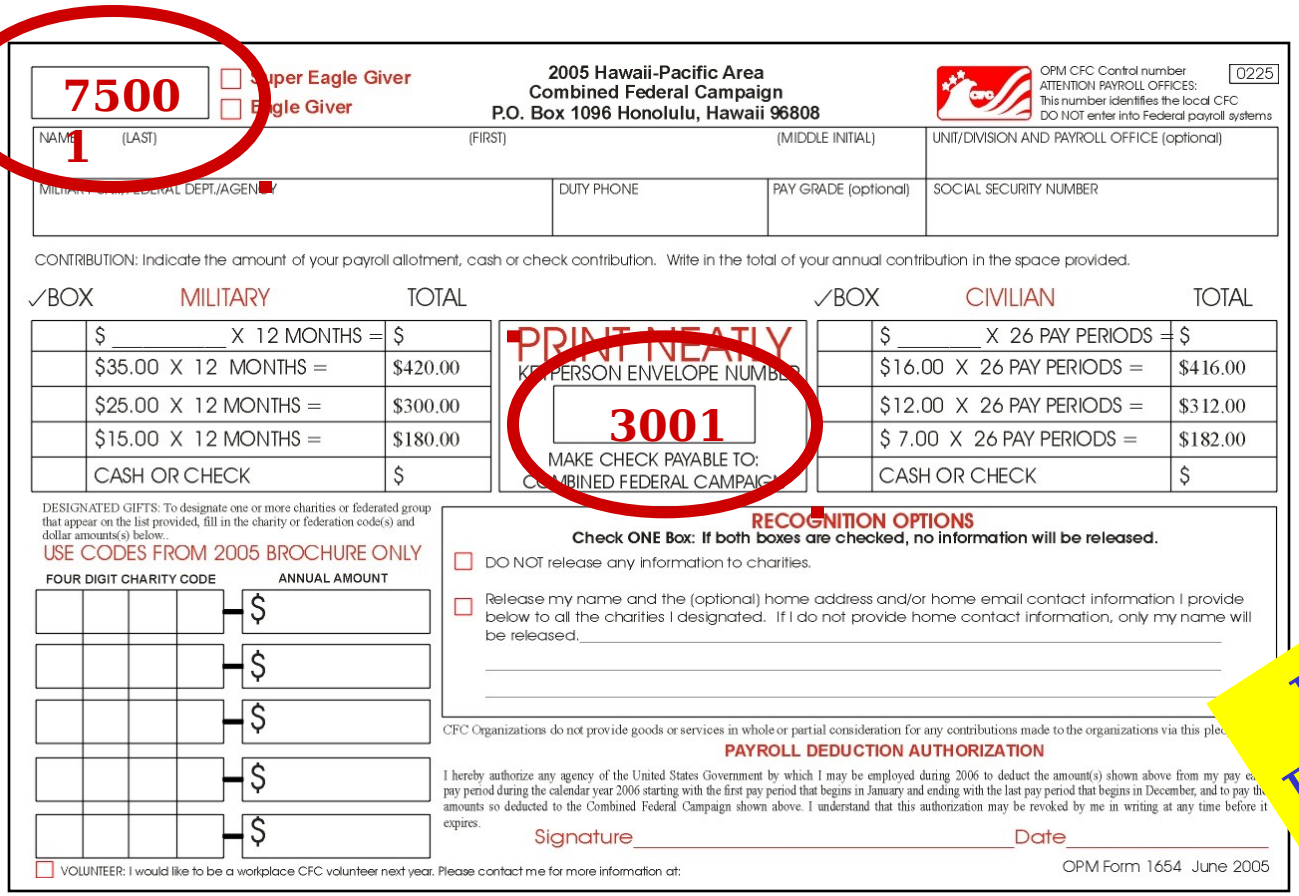
WHAT TO DO WITH THE FORMS

- ***Keyperson's Final Report Form:*** Return completed form to envelope to be turned in to your Project Officer with all other used and unused materials.
- ***Bank Deposit Slip:*** Deposit cash and checks at Bank of Hawaii. After deposit is made, enclose validated copy of the deposit slip in this envelope.
- ***Contributors Pledge Card:*** After auditing for completeness and accuracy, enclose the #2 and #3 copies in this envelope and turn in **#1 copy to contributor's payroll center** or to your Project Officer for processing. Enclose all unused forms in envelope.
- ***Note:*** Confidential contributions should be sealed in individual envelopes and put inside this envelope to be turned in to your Project Officer.
- ***Damaged or Otherwise Voided Cards:*** All cards issued in this envelope must be returned in this envelope. Fill out a Lost Pledge Card Form if any of the cards are lost. Additional pledge cards issued to the Keyperson by his/her Project Officer must be returned to the Project Officer to be placed in the envelope bearing the pledge card's number.

DO NOT MIX PLEDGE CARDS AMONG ENVELOPES.
RETURN ALL MATERIALS TO YOUR PROJECT OFFICER.

HAWAII-PACIFIC AREA COMBINED FEDERAL CAMPAIGN
200 N. Vineyard Blvd, 6th Floor
Honolulu, HI 96817
Telephone: 543-2233/2232 – Fax: 543-2257

Remove all contents of envelope.


7500
Super Eagle Giver
Eagle Giver
2005 Hawaii-Pacific Area
Combined Federal Campaign
P.O. Box 1096 Honolulu, Hawaii 96808
OPM CFC Control number 0225
ATTENTION PAYROLL OFFICES:
This number identifies the local CFC
DO NOT enter into Federal payroll systems
NAME (LAST) (FIRST) (MIDDLE INITIAL)
1
UNIT/DIVISION AND PAYROLL OFFICE (optional)
MILITARY OR FEDERAL DEPT./AGENCY
DUTY PHONE
PAY GRADE (optional)
SOCIAL SECURITY NUMBER
CONTRIBUTION: Indicate the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.
✓BOX MILITARY TOTAL
$ _____ X 12 MONTHS = $
$35.00 X 12 MONTHS = $420.00
$25.00 X 12 MONTHS = $300.00
$15.00 X 12 MONTHS = $180.00
CASH OR CHECK $
PRINT NEATLY
KEYPERSON ENVELOPE NUMBER
3001
MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN
✓BOX CIVILIAN TOTAL
$ _____ X 26 PAY PERIODS = $
$16.00 X 26 PAY PERIODS = $416.00
$12.00 X 26 PAY PERIODS = $312.00
$ 7.00 X 26 PAY PERIODS = $182.00
CASH OR CHECK $
DESIGNATED GIFTS: To designate one or more charities or federated group that appear on the list provided, fill in the charity or federation code(s) and dollar amounts(s) below..
USE CODES FROM 2005 BROCHURE ONLY
FOUR DIGIT CHARITY CODE
ANNUAL AMOUNT
$
$
$
$
$
RECOGNITION OPTIONS
Check ONE Box: If both boxes are checked, no information will be released.
DO NOT release any information to charities.
Release my name and the (optional) home address and/or home email contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.
CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this plec
PAYROLL DEDUCTION AUTHORIZATION
I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay ea
pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay th
amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it
expires.
Signature _____ Date _____
VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at:
OPM Form 1654 June 2005

Keyperson Responsibility

Verify that the Envelope Number, Pledge Card Numbers and Keyperson Report Number belong together

- **Put Pledge Cards in (Numeric Order)**
- **If there are any missing pledge cards, verify that there is a lost pledge card form.**

#1 copy set aside to be mailed to payroll office if payroll deduction (Project Officer or Keypeople should do this).

#2 Copy to remain in envelope.

#3 “thank you” copy to donor (should be given to donor by Keyperson)

~~UCFD~~

~~#1 copy set aside to be mailed to payroll office if payroll deduction~~

#Separate Used, Unused Pledge Cards.

Keyperson Responsibility

UNUSED:

#1 copy (or #2 or #3 if #1 is missing) collect in separate pile. Once all unused pledge cards have been collected for the envelope, staple once in the top middle of pile, write VOID across top card and return to envelope. (Refer to page [illegible] the training guide.)

Keyperson Responsibility

Lost Pledge Card Form

From: _____
Reporting Organization

_____
Address

_____
City, State, Zip Code

To: 2005 Campaign Planning Committee
U.S. Pacific Command
Box 64013/J31 CFC
Camp H.M. Smith, HI 96861
808-477-9257

Keyperson Responsibility

Subj: LOST PLEDGE CARD(S)

Ref: 2005 CFC Training Guide

1. This letter documents the loss of pledge card(s) numbers(s). Please list all lost pledge cards per envelope. Use additional sheets if necessary.

_____

_____

_____

2. The individual(s) signing below certifies(y) that all possible steps have been taken to locate the lost pledge card(s).

PLEASE SIGN ON APPROPRIATE LINE(S)

A. Lost by Keyperson
Pledge card number(s): _____ - _____

_____ _____
Signature Date

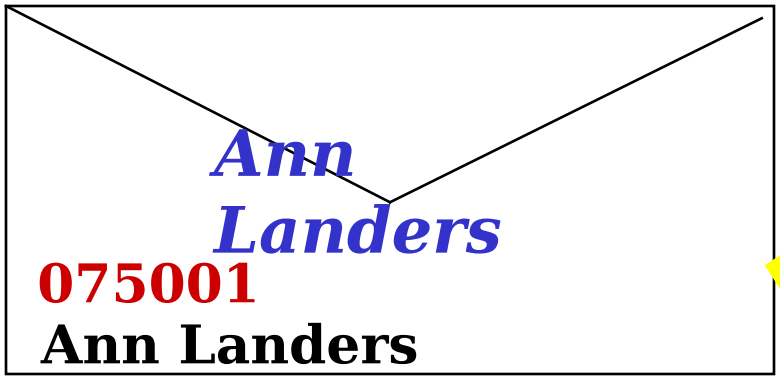
B. Lost by Donor
Pledge card number(s): _____ - _____

_____ _____
Signature Date

File: **Original** with Keyperson Report in Keyperson Envelope with Pledge Cards
Copy to reporting organization Project Officer

Note:

Left in the envelope after each audit should be one copy (used or unused) of every pledge card or it must be listed on the Lost Pledge



Keyperson/CEO Responsibility

If there are any confidential contributions in the envelope, leave the confidential envelope(s) unopened. Complete the Keyperson Report without a final total and forward to CFC headquarters

IMPORTANT write confidential

$250+ Cash Donations Form

Donors who contribute $250 or more in cash or check will need a receipt from CFC Headquarters if they are going to use the contribution for tax purposes. Please fill out the information below for any donors who fall into this category and return this form in the Keyperson Envelope. Receipts will be mailed out January 2006.

Keyperson Responsibility

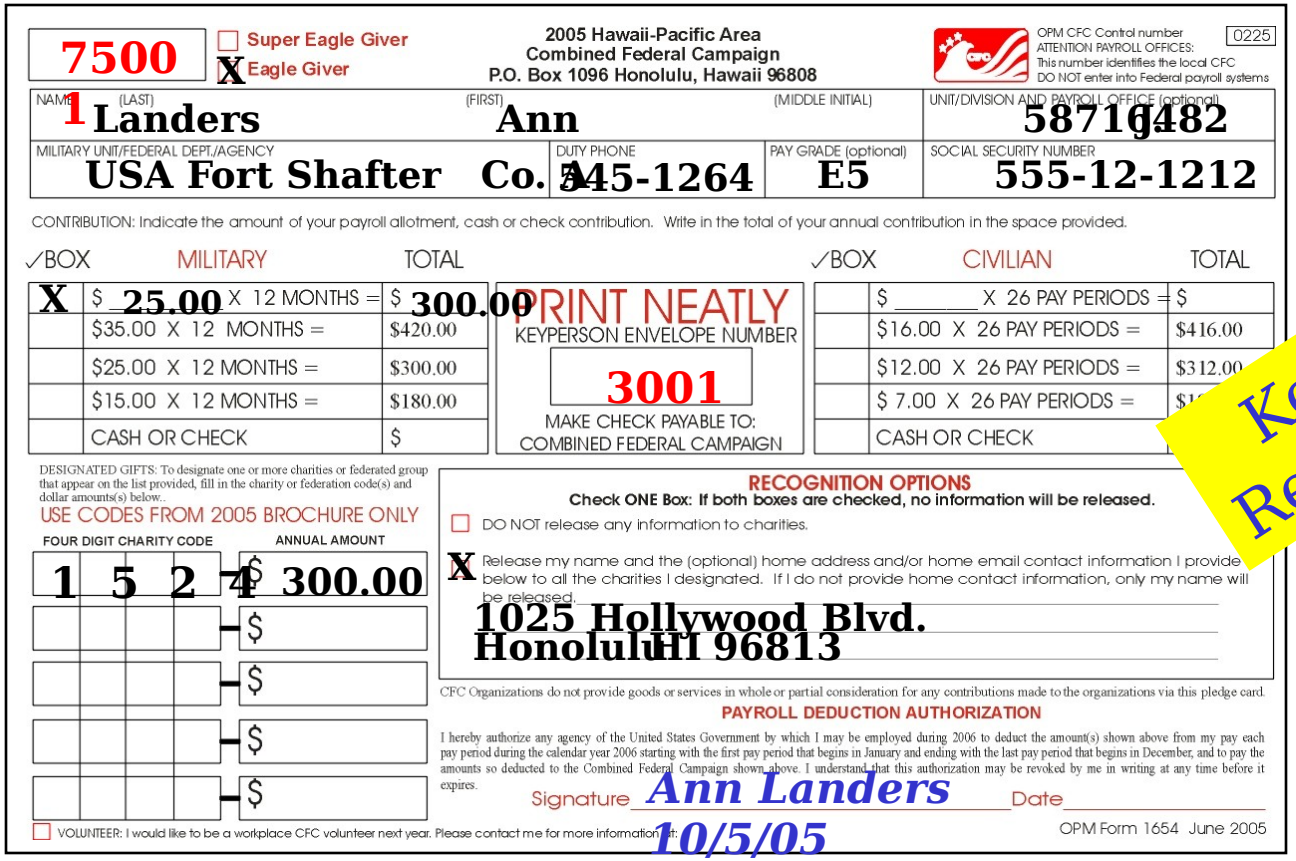
Name _____
Address _____
Address _____
Envelope #_____ Pledge Card # _____
Cash Amount Contributed _____

Name _____
Address _____
Address _____
Envelope #_____ Pledge Card # _____
Cash Amount Contributed _____

Name _____
Address _____
Address _____
Envelope #_____ Pledge Card # _____
Cash Amount Contributed _____

Name _____
Address _____
Address _____
Envelope #_____ Pledge Card # _____
Cash Amount Contributed _____

Review pledge card for $250 and over cash check givers and ensure they are on the $250 cash check form.



7500 ☐ Super Eagle Giver X Eagle Giver

2005 Hawaii-Pacific Area Combined Federal Campaign
P.O. Box 1096 Honolulu, Hawaii 96808

OPM CFC Control number 0225
ATTENTION PAYROLL OFFICES:
This number identifies the local CFC
DO NOT enter into Federal payroll systems

NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	UNIT/DIVISION AND PAYROLL OFFICE (optional)
1 Landers	Ann		58716482

MILITARY UNIT/FEDERAL DEPT./AGENCY	DUTY PHONE	PAY GRADE (optional)	SOCIAL SECURITY NUMBER
USA Fort Shafter Co. A	545-1264	E5	555-12-1212

CONTRIBUTION: Indicate the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

✓BOX	MILITARY	TOTAL
X	$ 25.00 X 12 MONTHS =	$ 300.00
	$35.00 X 12 MONTHS =	$420.00
	$25.00 X 12 MONTHS =	$300.00
	$15.00 X 12 MONTHS =	$180.00
	CASH OR CHECK	$

PRINT NEATLY
KEYPERSON ENVELOPE NUMBER
3001
MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

✓BOX	CIVILIAN	TOTAL
	$ _____ X 26 PAY PERIODS =	$
	$16.00 X 26 PAY PERIODS =	$416.00
	$12.00 X 26 PAY PERIODS =	$312.00
	$ 7.00 X 26 PAY PERIODS =	$
	CASH OR CHECK	

DESIGNATED GIFTS: To designate one or more charities or federated group that appear on the list provided, fill in the charity or federation code(s) and dollar amounts(s) below..
USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
1 5 2 4	$ 300.00
	$
	$
	$
	$

RECOGNITION OPTIONS
Check ONE Box: If both boxes are checked, no information will be released.
☐ DO NOT release any information to charities.
X Release my name and the (optional) home address and/or home email contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.
1025 Hollywood Blvd.
Honolulu HI 96813

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

PAYROLL DEDUCTION AUTHORIZATION
I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.
Signature Ann Landers Date 10/5/05

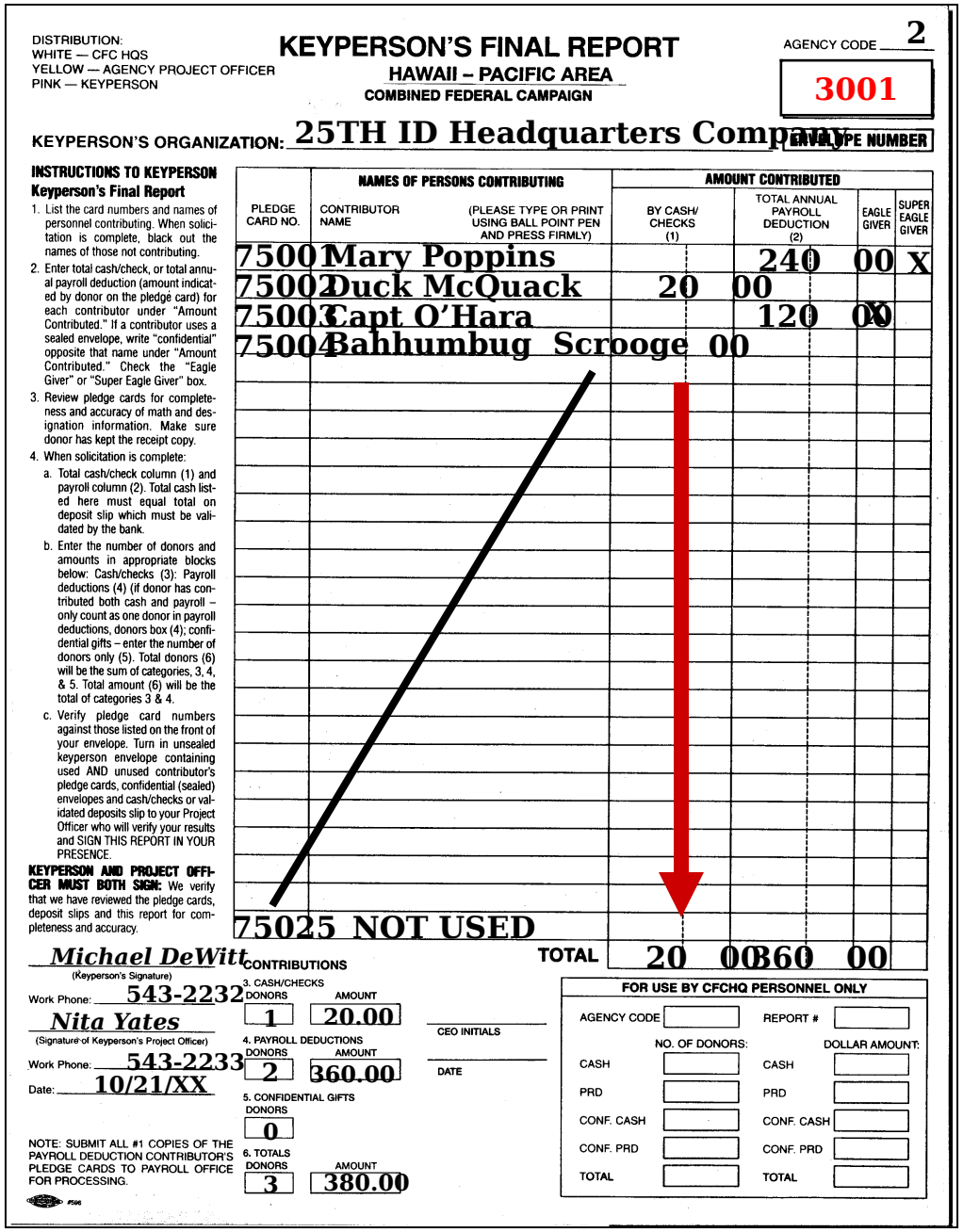
☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at:

OPM Form 1654 June 2005

Keyperson Responsibility

Review all pledge cards for the following:

- Correct mathematical computations
- All dollar figures and designation codes are legibl
- Designated agencies' numbers are three or four d
- Designated amounts equal to or less than total co
- If payroll deduction, donor signed card and comp



DISTRIBUTION:
WHITE — CFC HQS
YELLOW — AGENCY PROJECT OFFICER
PINK — KEYPERSON

KEYPERSON'S FINAL REPORT

HAWAII – PACIFIC AREA
COMBINED FEDERAL CAMPAIGN

AGENCY CODE 2

3001

ENVELOPE NUMBER

KEYPERSON'S ORGANIZATION: 25TH ID Headquarters Company

INSTRUCTIONS TO KEYPERSON
Keyperson's Final Report

1. List the card numbers and names of personnel contributing. When solicitation is complete, black out the names of those not contributing.
2. Enter total cash/check, or total annual payroll deduction (amount indicated by donor on the pledge card) for each contributor under "Amount Contributed." If a contributor uses a sealed envelope, write "confidential" opposite that name under "Amount Contributed." Check the "Eagle Giver" or "Super Eagle Giver" box.
3. Review pledge cards for completeness and accuracy of math and designation information. Make sure donor has kept the receipt copy.
4. When solicitation is complete:
   a. Total cash/check column (1) and payroll column (2). Total cash listed here must equal total on deposit slip which must be validated by the bank.
   b. Enter the number of donors and amounts in appropriate blocks below: Cash/checks (3): Payroll deductions (4) (if donor has contributed both cash and payroll – only count as one donor in payroll deductions, donors box (4); confidential gifts – enter the number of donors only (5). Total donors (6) will be the sum of categories, 3, 4, & 5. Total amount (6) will be the total of categories 3 & 4.
   c. Verify pledge card numbers against those listed on the front of your envelope. Turn in unsealed keyperson envelope containing used AND unused contributor's pledge cards, confidential (sealed) envelopes and cash/checks or validated deposits slip to your Project Officer who will verify your results and SIGN THIS REPORT IN YOUR PRESENCE.

KEYPERSON AND PROJECT OFFICER MUST BOTH SIGN: We verify that we have reviewed the pledge cards, deposit slips and this report for completeness and accuracy.

PLEDGE CARD NO.	NAMES OF PERSONS CONTRIBUTING — CONTRIBUTOR NAME (PLEASE TYPE OR PRINT USING BALL POINT PEN AND PRESS FIRMLY)	AMOUNT CONTRIBUTED — BY CASH/ CHECKS (1)	TOTAL ANNUAL PAYROLL DEDUCTION (2)	EAGLE GIVER	SUPER EAGLE GIVER
75001	Mary Poppins		240 00		X
75002	Duck McQuack	20 00			
75003	Capt O'Hara		120 00		
75004	Bahhumbug Scrooge	00			
75025	NOT USED				
	TOTAL	20 00	360 00		

Michael DeWitt
(Keyperson's Signature)

Work Phone: 543-2232

Nita Yates
(Signature of Keyperson's Project Officer)

Work Phone: 543-2233

Date: 10/21/XX

NOTE: SUBMIT ALL #1 COPIES OF THE PAYROLL DEDUCTION CONTRIBUTOR'S PLEDGE CARDS TO PAYROLL OFFICE FOR PROCESSING.

CONTRIBUTIONS

	DONORS	AMOUNT
3. CASH/CHECKS	1	20.00
4. PAYROLL DEDUCTIONS	2	360.00
5. CONFIDENTIAL GIFTS	0	
6. TOTALS	3	380.00

CEO INITIALS

DATE

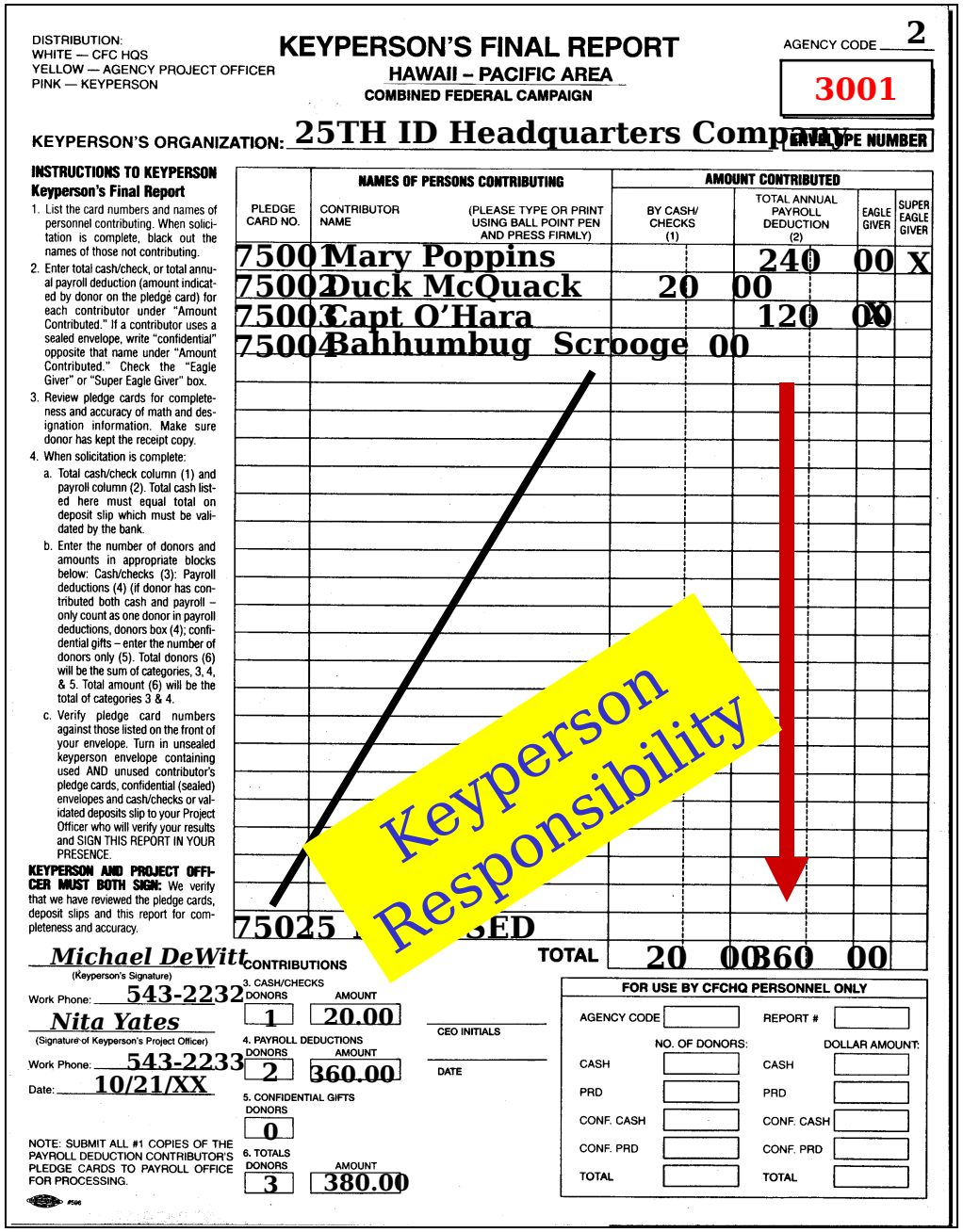
FOR USE BY CFCHQ PERSONNEL ONLY

AGENCY CODE ____ REPORT # ____

	NO. OF DONORS:	DOLLAR AMOUNT:
CASH		CASH
PRD		PRD
CONF. CASH		CONF. CASH
CONF. PRD		CONF. PRD
TOTAL		TOTAL

Using the pledge cards, total payroll deduction amounts and number of payroll givers. Complete payroll deduction portion in th "Contri s" " area of the

Keyperson Responsibility



DISTRIBUTION:
WHITE — CFC HQS
YELLOW — AGENCY PROJECT OFFICER
PINK — KEYPERSON

KEYPERSON'S FINAL REPORT

HAWAII – PACIFIC AREA
COMBINED FEDERAL CAMPAIGN

AGENCY CODE 2

3001

ENVELOPE NUMBER

KEYPERSON'S ORGANIZATION: 25TH ID Headquarters Company

INSTRUCTIONS TO KEYPERSON
Keyperson's Final Report

1. List the card numbers and names of personnel contributing. When solicitation is complete, black out the names of those not contributing.
2. Enter total cash/check, or total annual payroll deduction (amount indicated by donor on the pledge card) for each contributor under "Amount Contributed." If a contributor uses a sealed envelope, write "confidential" opposite that name under "Amount Contributed." Check the "Eagle Giver" or "Super Eagle Giver" box.
3. Review pledge cards for completeness and accuracy of math and designation information. Make sure donor has kept the receipt copy.
4. When solicitation is complete:
   a. Total cash/check column (1) and payroll column (2). Total cash listed here must equal total on deposit slip which must be validated by the bank.
   b. Enter the number of donors and amounts in appropriate blocks below: Cash/checks (3): Payroll deductions (4) (if donor has contributed both cash and payroll – only count as one donor in payroll deductions, donors box (4); confidential gifts – enter the number of donors only (5). Total donors (6) will be the sum of categories, 3, 4, & 5. Total amount (6) will be the total of categories 3 & 4.
   c. Verify pledge card numbers against those listed on the front of your envelope. Turn in unsealed keyperson envelope containing used AND unused contributor's pledge cards, confidential (sealed) envelopes and cash/checks or validated deposits slip to your Project Officer who will verify your results and SIGN THIS REPORT IN YOUR PRESENCE.

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75001	Mary Poppins		240 00		X
75002	Duck McQuack	20 00			
75003	Capt O'Hara		120 00		
75004	Bahhumbug Scrooge	00			
75025	[illegible]ED				
	TOTAL	20 00	360 00		

Keyperson Responsibility

Michael DeWitt
(Keyperson's Signature)
Work Phone: 543-2232

Nita Yates
(Signature of Keyperson's Project Officer)
Work Phone: 543-2233
Date: 10/21/XX

NOTE: SUBMIT ALL #1 COPIES OF THE PAYROLL DEDUCTION CONTRIBUTOR'S PLEDGE CARDS TO PAYROLL OFFICE FOR PROCESSING.

CONTRIBUTIONS

	DONORS	AMOUNT
3. CASH/CHECKS	1	20.00
4. PAYROLL DEDUCTIONS	2	360.00
5. CONFIDENTIAL GIFTS	0	
6. TOTALS	3	380.00

CEO INITIALS

DATE

FOR USE BY CFCHQ PERSONNEL ONLY

AGENCY CODE | REPORT #

	NO. OF DONORS:	DOLLAR AMOUNT:
CASH		CASH
PRD		PRD
CONF. CASH		CONF. CASH
CONF. PRD		CONF. PRD
TOTAL		TOTAL

Total cash amounts and number of cash givers. The total must agree with the deposit slip which must be validated by the bank. Complete cash portion in the "Contributions

DISTRIBUTION:
WHITE — CFC HQS
YELLOW — AGENCY PROJECT OFFICER
PINK — KEYPERSON

KEYPERSON'S FINAL REPORT

HAWAII – PACIFIC AREA
COMBINED FEDERAL CAMPAIGN

AGENCY CODE 2

3001

ENVELOPE NUMBER

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INSTRUCTIONS TO KEYPERSON
Keyperson's Final Report

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3. Review pledge cards for completeness and accuracy of math and designation information. Make sure donor has kept the receipt copy.
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KEYPERSON AND PROJECT OFFICER MUST BOTH SIGN: We verify that we have reviewed the pledge ca... deposit slips and this report for ... pleteness and accuracy.

PLEDGE CARD NO.	NAMES OF PERSONS CONTRIBUTING — CONTRIBUTOR NAME (PLEASE TYPE OR PRINT USING BALL POINT PEN AND PRESS FIRMLY)	AMOUNT CONTRIBUTED — BY CASH/ CHECKS (1)	TOTAL ANNUAL PAYROLL DEDUCTION (2)	EAGLE GIVER	SUPER EAGLE GIVER
75001	Mary Poppins		240 00		X
75002	Duck McQuack	20 00			
75003	Capt O'Hara		120 00	X	
75004	Bahhumbug Scrooge	00			
75025	NOT USE...				
	TOTAL	20 00	360 00		

Keyperson/Unit PO Responsibility

Michael DeWitt
(Keyperson's Signature)
Work Phone: 543-2232

Nita Yates
(Signature of Keyperson's Project Officer)
Work Phone: 543-2233
Date: 10/21/XX

NOTE: SUBMIT ALL #1 COPIES OF THE PAYROLL DEDUCTION CONTRIBUTOR'S PLEDGE CARDS TO PAYROLL OFFICE FOR PROCESSING.

CONTRIBUTIONS

3. CASH/CHECKS — DONORS: 1 — AMOUNT: 20.00
4. PAYROLL DEDUCTIONS — DONORS: 2 — AMOUNT: 360.00
5. CONFIDENTIAL GIFTS — DONORS: 0
6. TOTALS — DONORS: 3 — AMOUNT: 380.00

CEO INITIALS

DATE

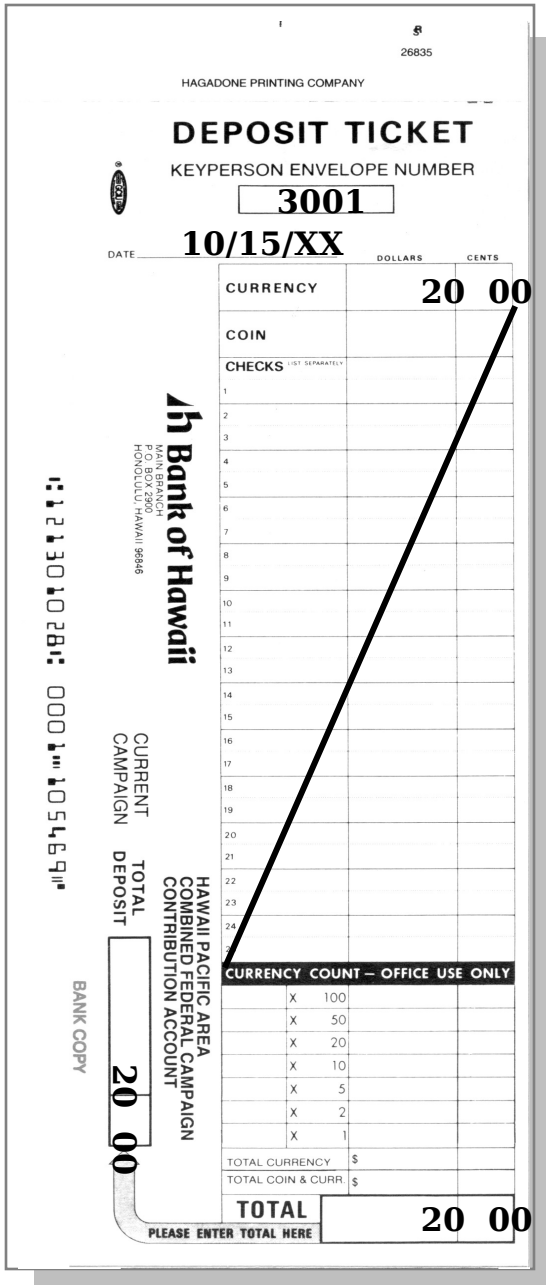
FOR USE BY CFCHQ PERSONNEL ONLY

AGENCY CODE | REPORT #

	NO. OF DONORS:	DOLLAR AMOUNT:
CASH		CASH
PRD		PRD
CONF. CASH		CONF. CASH
CONF. PRD		CONF. PRD
TOTAL		TOTAL

Complete "Contributions" area by filling in the donor and amounts.

Both Project Officer/Unit Project Officer and Keyperson should sign and list phone numbers in case ~~totals~~.



Keyperson Responsibility

10/15/XX 12:33 01-105469
DDA/SAV DEPOSIT $20.00
800511 0074.05 PEARL HARBO

ALL COPIES MUST BE

VALIDATED

#1 Copy will be taken by the bank
(White Copy)

#2 Copy goes back into the envelope.
(Yellow Copy)

#3 Copy is for Keyperson
(Pink Copy)

For Office Use Only

Envelope Total: _____

Audited By: _____

Keyperson Envelope 3001
Pledge Card Numbers 75001 - 75025

CONTROLLED MATERIALS

KEYPERSON ENVELOPE

F.E.A.T.

1. **Find** Identify all the employees in your area of responsibility
2. **Educate** Make sure all employees attend a CFC briefing
3. **Ask** Ensure that you ask and provide everyone with a pledge card
4. **Thank** Thank everyone regardless of whether or not they gave

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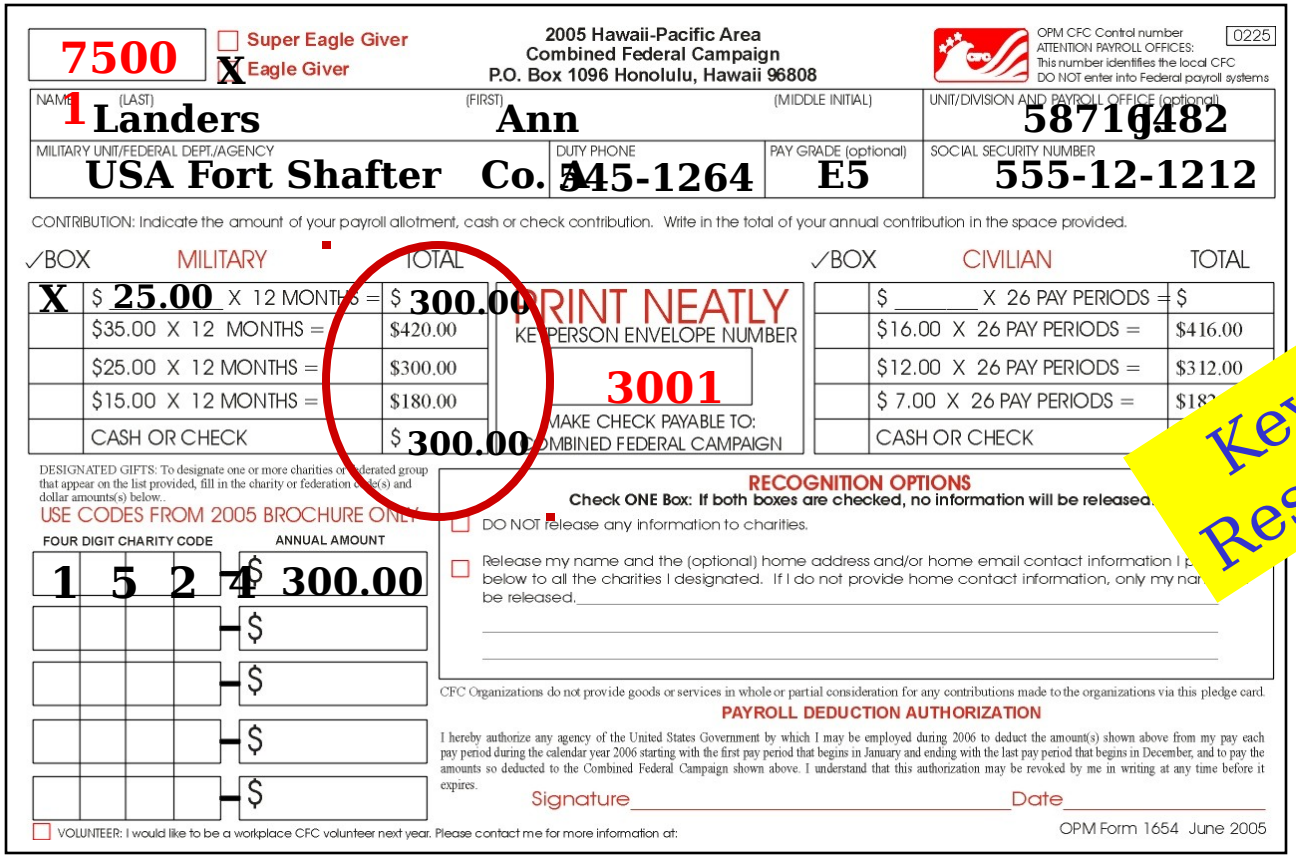
DO NOT MIX PLEDGE CARDS AMONG ENVELOPES.
RETURN ALL MATERIALS TO YOUR PROJECT OFFICER.

HAWAII-PACIFIC AREA COMBINED FEDERAL CAMPAIGN
200 N. Vineyard Blvd, 6th Floor
Honolulu, HI 96817
Telephone: 543-2233/2232 – Fax: 543-2257

Keyperson Responsibility

Return all contents to envelope.



7500

☐ Super Eagle Giver
X Eagle Giver

2005 Hawaii-Pacific Area
Combined Federal Campaign
P.O. Box 1096 Honolulu, Hawaii 96808

OPM CFC Control number 0225
ATTENTION PAYROLL OFFICES:
This number identifies the local CFC
DO NOT enter into Federal payroll systems

NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	UNIT/DIVISION AND PAYROLL OFFICE (optional)
1 Landers	Ann		58716482

MILITARY UNIT/FEDERAL DEPT./AGENCY	DUTY PHONE	PAY GRADE (optional)	SOCIAL SECURITY NUMBER
USA Fort Shafter Co. A	545-1264	E5	555-12-1212

CONTRIBUTION: Indicate the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

✓BOX	MILITARY	TOTAL
X	$ 25.00 X 12 MONTHS =	$ 300.00
	$35.00 X 12 MONTHS =	$420.00
	$25.00 X 12 MONTHS =	$300.00
	$15.00 X 12 MONTHS =	$180.00
	CASH OR CHECK	$ 300.00

PRINT NEATLY
KEYPERSON ENVELOPE NUMBER
3001
MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

✓BOX	CIVILIAN	TOTAL
	$ _____ X 26 PAY PERIODS =	$
	$16.00 X 26 PAY PERIODS =	$416.00
	$12.00 X 26 PAY PERIODS =	$312.00
	$ 7.00 X 26 PAY PERIODS =	$182
	CASH OR CHECK	

DESIGNATED GIFTS: To designate one or more charities or federated group that appear on the list provided, fill in the charity or federation code(s) and dollar amounts(s) below..
USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
1 5 2 4	$ 300.00
	$
	$
	$
	$

RECOGNITION OPTIONS
Check ONE Box: If both boxes are checked, no information will be released.

☐ DO NOT release any information to charities.

☐ Release my name and the (optional) home address and/or home email contact information I p… below to all the charities I designated. If I do not provide home contact information, only my nam… be released._____

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

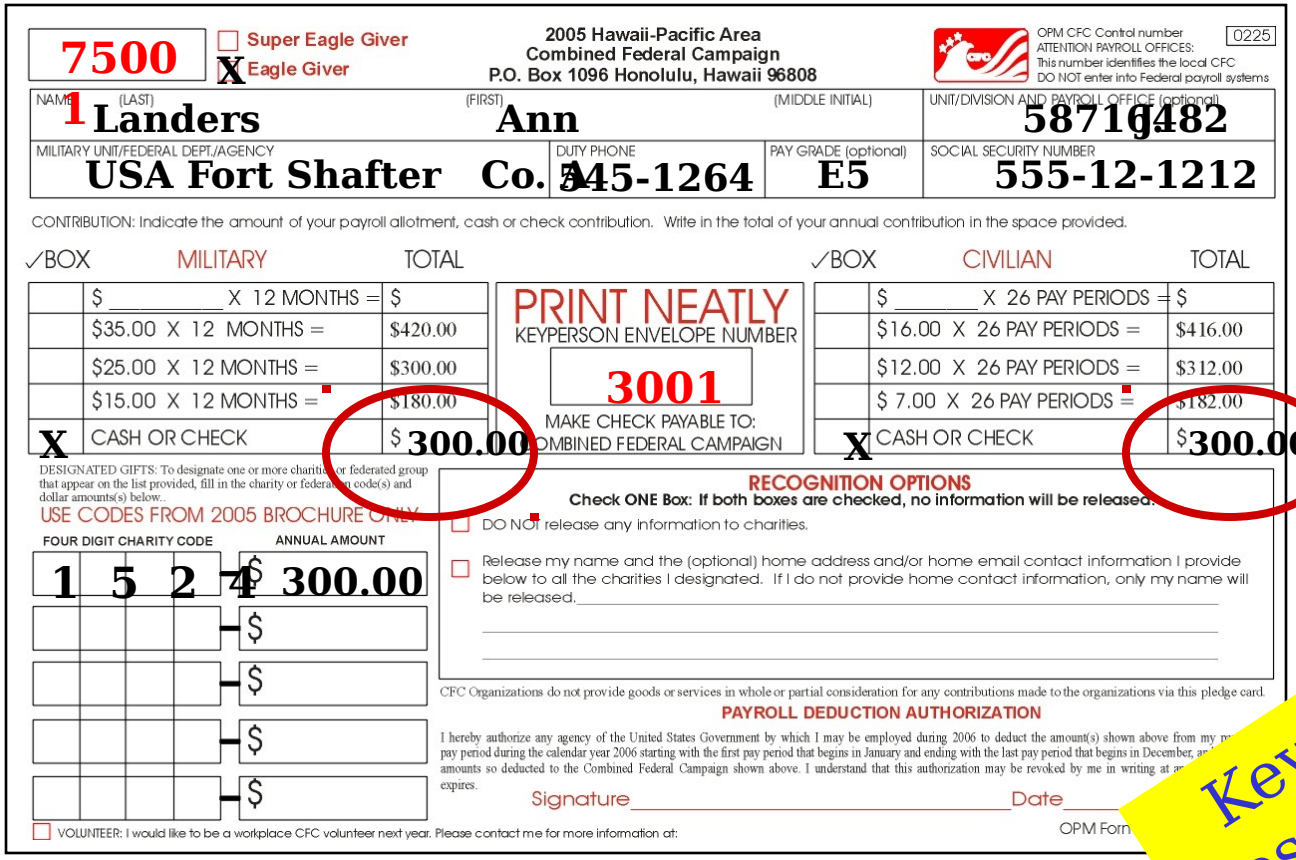
Signature_____ Date_____

☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at:

OPM Form 1654 June 2005

Keyperson Responsibility

Things to Look Fo



7500

Super Eagle Giver

X Eagle Giver

2005 Hawaii-Pacific Area
Combined Federal Campaign
P.O. Box 1096 Honolulu, Hawaii 96808

OPM CFC Control number 0225
ATTENTION PAYROLL OFFICES:
This number identifies the local CFC
DO NOT enter into Federal payroll systems

NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	UNIT/DIVISION AND PAYROLL OFFICE (optional)
1 Landers	Ann		58716482

MILITARY UNIT/FEDERAL DEPT./AGENCY	DUTY PHONE	PAY GRADE (optional)	SOCIAL SECURITY NUMBER
USA Fort Shafter Co. A	545-1264	E5	555-12-1212

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✓BOX	MILITARY	TOTAL
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	$25.00 X 12 MONTHS =	$300.00
	$15.00 X 12 MONTHS =	$180.00
X	CASH OR CHECK	$ 300.00

PRINT NEATLY
KEYPERSON ENVELOPE NUMBER
3001
MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

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	$ _____ X 26 PAY PERIODS =	$
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	$ 7.00 X 26 PAY PERIODS =	$182.00
X	CASH OR CHECK	$300.00

DESIGNATED GIFTS: To designate one or more charities or federated group that appear on the list provided, fill in the charity or federation code(s) and dollar amounts(s) below..

USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
1 5 2 4	$ 300.00
	$
	$
	$
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RECOGNITION OPTIONS
Check ONE Box: If both boxes are checked, no information will be released.

☐ DO NOT release any information to charities.

☐ Release my name and the (optional) home address and/or home email contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released._____

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any expires.

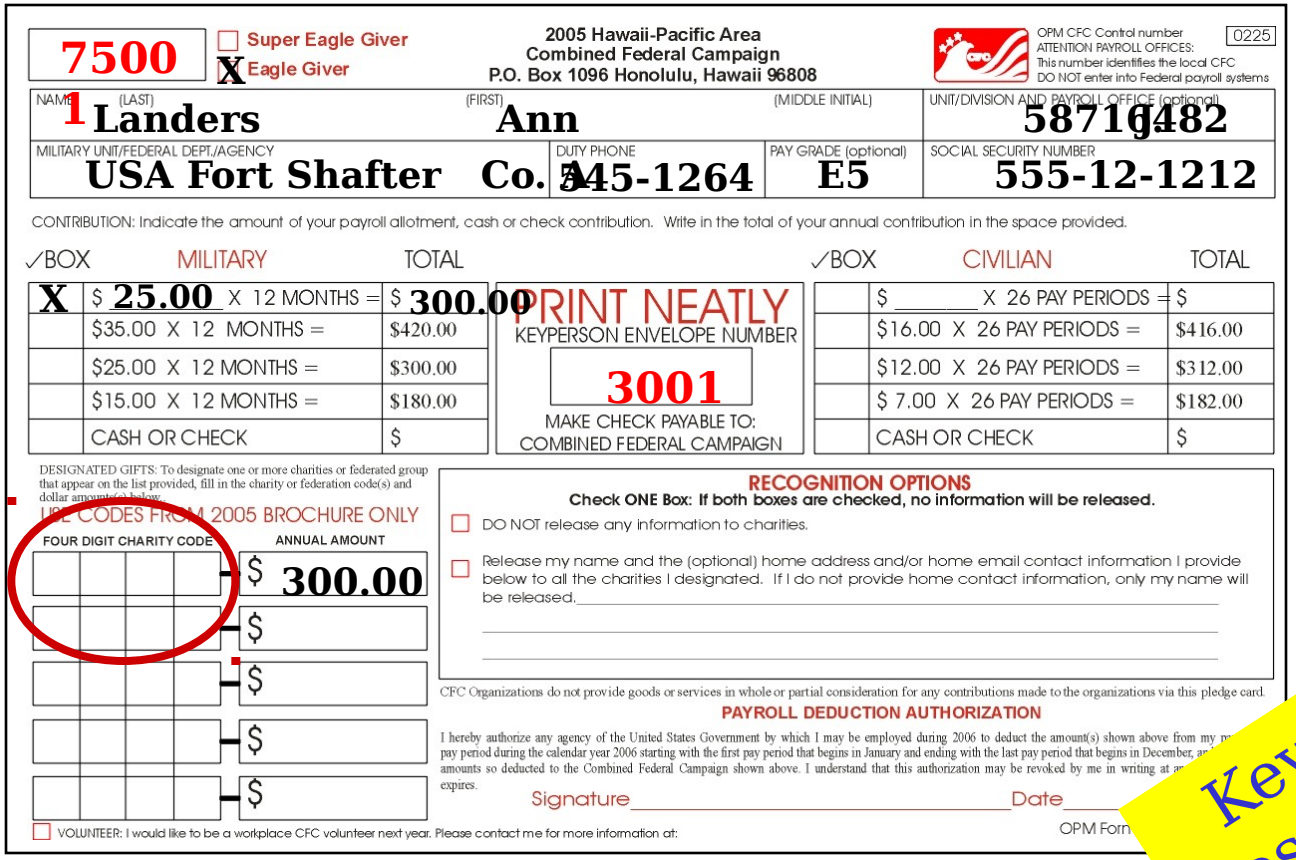
Signature_____ Date_____

☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at:

OPM Form

Keyperson Responsibility

Things to Look Fo



7500 ☐ Super Eagle Giver X Eagle Giver

2005 Hawaii-Pacific Area
Combined Federal Campaign
P.O. Box 1096 Honolulu, Hawaii 96808

OPM CFC Control number 0225
ATTENTION PAYROLL OFFICES:
This number identifies the local CFC
DO NOT enter into Federal payroll systems

NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	UNIT/DIVISION AND PAYROLL OFFICE (optional)
1 Landers	Ann		58716482

MILITARY UNIT/FEDERAL DEPT./AGENCY	DUTY PHONE	PAY GRADE (optional)	SOCIAL SECURITY NUMBER
USA Fort Shafter Co. A	545-1264	E5	555-12-1212

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	$15.00 X 12 MONTHS =	$180.00
	CASH OR CHECK	$

PRINT NEATLY
KEYPERSON ENVELOPE NUMBER
3001
MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

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	$ 7.00 X 26 PAY PERIODS =	$182.00
	CASH OR CHECK	$

DESIGNATED GIFTS: To designate one or more charities or federated group that appear on the list provided, fill in the charity or federation code(s) and dollar amount(s) below.
USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
	$ 300.00
	$
	$
	$
	$

RECOGNITION OPTIONS
Check ONE Box: If both boxes are checked, no information will be released.

☐ DO NOT release any information to charities.

☐ Release my name and the (optional) home address and/or home email contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released._____

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PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my re... pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, an... amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at a... expires.

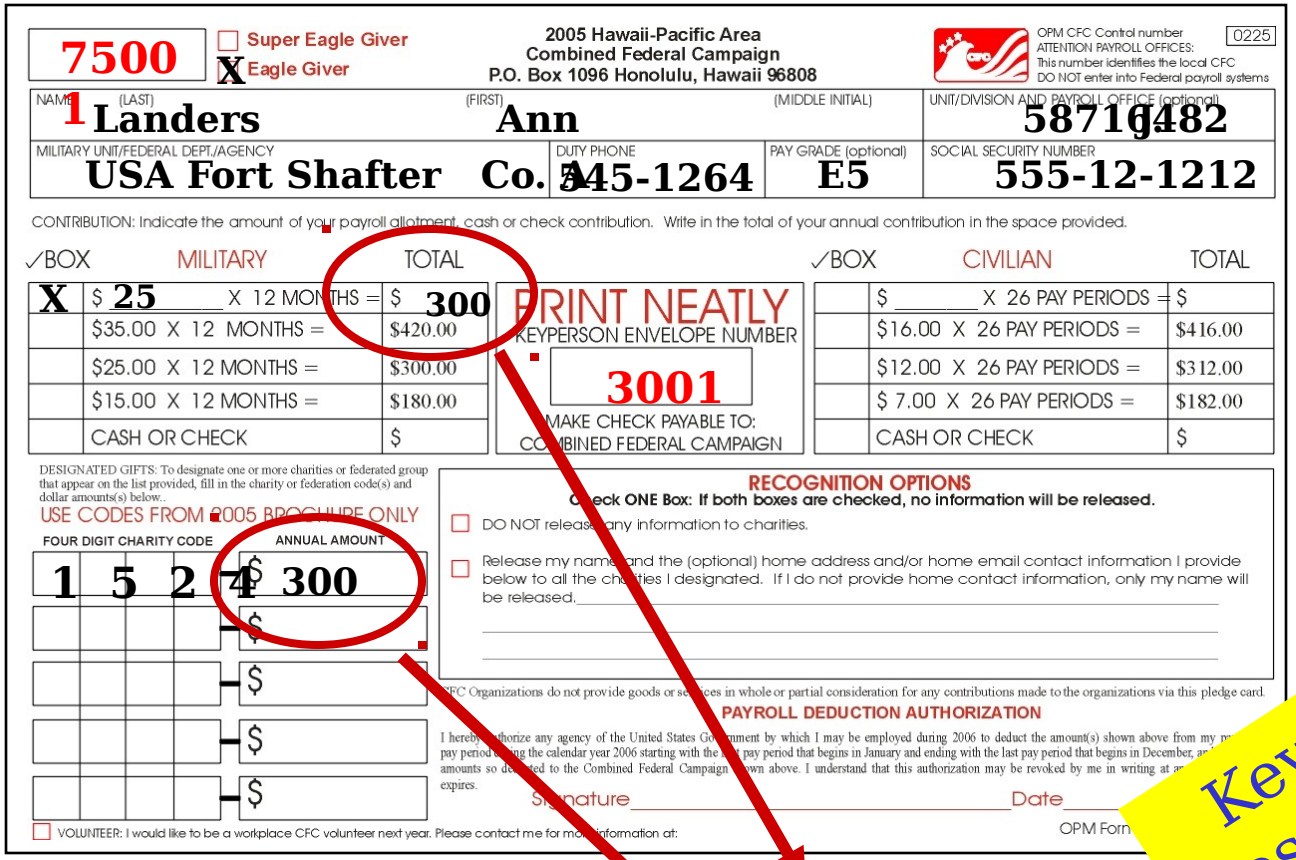
Signature_____ Date_____

☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at:

OPM Form...

Keyperson Responsibility

Things to Look Fo



7500 Super Eagle Giver
X Eagle Giver

2005 Hawaii-Pacific Area
Combined Federal Campaign
P.O. Box 1096 Honolulu, Hawaii 96808

OPM CFC Control number 0225
ATTENTION PAYROLL OFFICES:
This number identifies the local CFC
DO NOT enter into Federal payroll systems

NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	UNIT/DIVISION AND PAYROLL OFFICE (optional)
1 Landers	Ann		58716482

MILITARY UNIT/FEDERAL DEPT./AGENCY	DUTY PHONE	PAY GRADE (optional)	SOCIAL SECURITY NUMBER
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	$25.00 X 12 MONTHS =	$300.00
	$15.00 X 12 MONTHS =	$180.00
	CASH OR CHECK	$

PRINT NEATLY
KEYPERSON ENVELOPE NUMBER
3001
MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

✓BOX	CIVILIAN	TOTAL
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	CASH OR CHECK	$

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USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
1 5 2 4	$ 300
	$
	$
	$
	$

RECOGNITION OPTIONS
Check ONE Box: If both boxes are checked, no information will be released.
☐ DO NOT release any information to charities.
☐ Release my name and the (optional) home address and/or home email contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.

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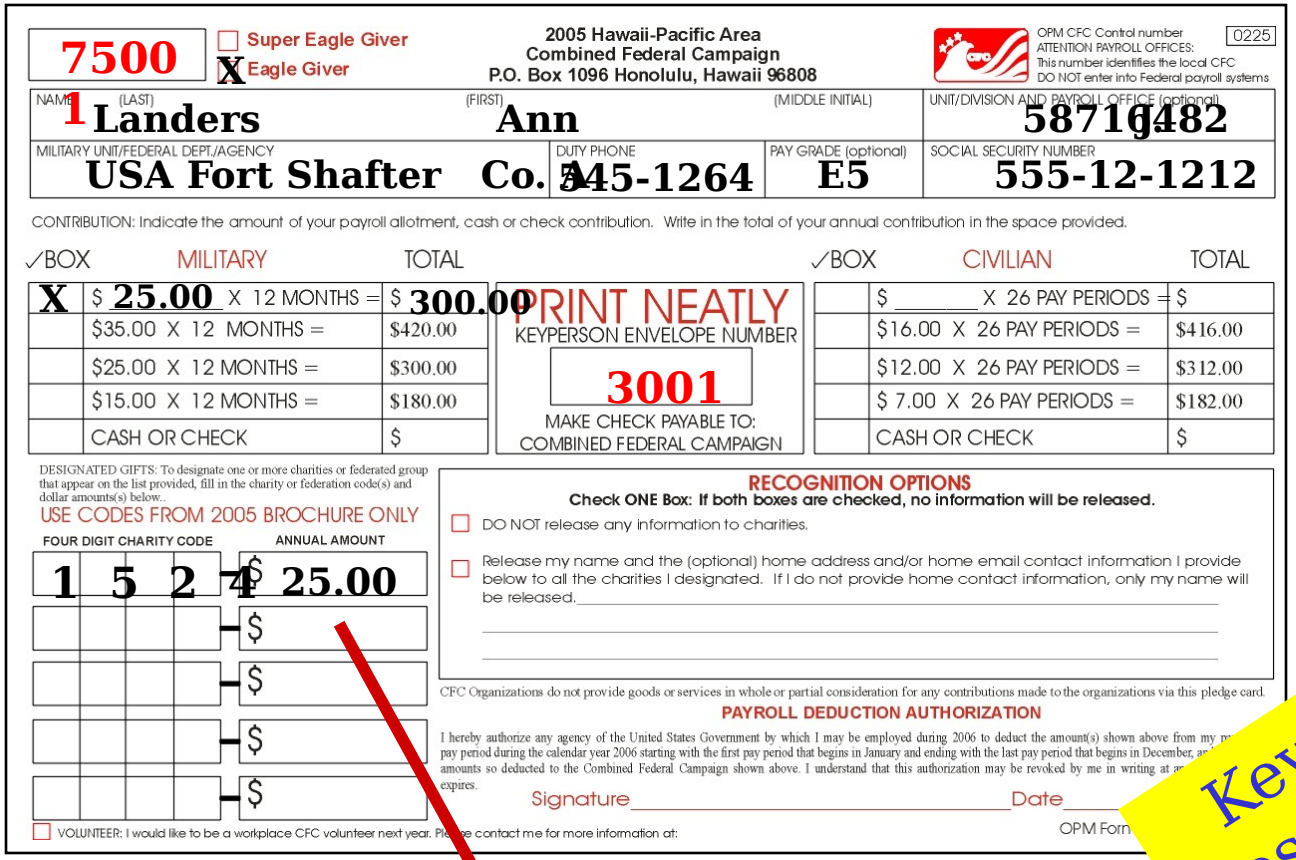
Signature _____ Date _____
OPM Form

☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at:

Keyperson Responsibility

300.00 OR 3.00

Things to Look Fo



7500 ☐ Super Eagle Giver ☒ Eagle Giver

2005 Hawaii-Pacific Area Combined Federal Campaign
P.O. Box 1096 Honolulu, Hawaii 96808

OPM CFC Control number 0225
ATTENTION PAYROLL OFFICES:
This number identifies the local CFC
DO NOT enter into Federal payroll systems

NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	UNIT/DIVISION AND PAYROLL OFFICE (optional)
1 Landers	Ann		58716482

MILITARY UNIT/FEDERAL DEPT./AGENCY	DUTY PHONE	PAY GRADE (optional)	SOCIAL SECURITY NUMBER
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	$25.00 X 12 MONTHS =	$300.00
	$15.00 X 12 MONTHS =	$180.00
	CASH OR CHECK	$

PRINT NEATLY
KEYPERSON ENVELOPE NUMBER
3001
MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

✓BOX	CIVILIAN	TOTAL
	$ _____ X 26 PAY PERIODS =	$
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	$12.00 X 26 PAY PERIODS =	$312.00
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USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
1 5 2 4	$ 25.00
	$
	$
	$
	$

RECOGNITION OPTIONS
Check ONE Box: If both boxes are checked, no information will be released.
☐ DO NOT release any information to charities.
☐ Release my name and the (optional) home address and/or home email contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released._____

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PAYROLL DEDUCTION AUTHORIZATION
I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any expires.

Signature_____ Date_____

☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at: OPM Form

300.00

Keyperson Responsibility

Things to Look Fo

Problem:

Deposit slip missing or not validated by the bank or listed total is less than cash pledge card totals.

Solution:

Contact Keyperson/Project Officer to get a copy of the missing slip or find missing dollars.

Problem:

One deposit slip for several envelopes.

Solution:

Make copies of the deposit slip to put into other envelopes. On the copy, indicate the dollar amounts contained in each envelope - show that this adds up to

Problem:

Illegible, incorrect donation or agency code.

Solution:

Contact Keyperson or Donor directly to correct.

Problem:

Missing pledge cards, no "Lost Pledge Card Form."

Solution:

Contact Keyperson and correct.

Problem:

One donor giving to six or more agencies.

Solution:

If donor is giving to 6 or more charities, donor will need new pledge card for any charities over 5. Please paper clip all pledge cards for one donor together and indicate that there are 1 of 2, 2 of 2, etc.

Only the first copy needs total

Problem:

One donor gives both cash and payroll.

Solution:

Verify that the Keyperson counted the donors donation in each category - cash dollars and payroll dollars, BUT ONLY counted the donor as one giver (usually in the payroll deduction category) under # of donors..Do Not count the

Project Officer

- Once the audit is complete, call your CEO to turn in completed envelopes
- Keep your bank deposit receipts and keyperson report copy until march of next year!
- Have an awesome campaign
- The following slides are for Campaign Education Officers

Campaign Education Officer

- Ensure all Keyperson and Unit Project Officer Responsibilities have been completed
- Do not accept envelopes the have not been properly completed
- Complete and finalize audit as shown on following slides

DISTRIBUTION:
WHITE — CFC HQS
YELLOW — AGENCY PROJECT OFFICER
PINK — KEYPERSON

KEYPERSON'S FINAL REPORT

HAWAII – PACIFIC AREA

COMBINED FEDERAL CAMPAIGN

AGENCY CODE 2

3001

ENVELOPE NUMBER

KEYPERSON'S ORGANIZATION: 25TH ID Headquarters Company

INSTRUCTIONS TO KEYPERSON

Keyperson's Final Report

1. List the card numbers and names of personnel contributing. When solicitation is complete, black out the names of those not contributing.
2. Enter total cash/check, or total annual payroll deduction (amount indicated by donor on the pledge card) for each contributor under "Amount Contributed." If a contributor uses a sealed envelope, write "confidential" opposite that name under "Amount Contributed." Check the "Eagle Giver" or "Super Eagle Giver" box.
3. Review pledge cards for completeness and accuracy of math and designation information. Make sure donor has kept the receipt copy.
4. When solicitation is complete:
   a. Total cash/check column (1) and payroll column (2). Total cash listed here must equal total on deposit slip which must be validated by the bank.
   b. Enter the number of donors and amounts in appropriate blocks below: Cash/checks (3): Payroll deductions (4) (if donor has contributed both cash and payroll – only count as one donor in payroll deductions, donors box (4); confidential gifts – enter the number of donors only (5). Total donors (6) will be the sum of categories, 3, 4, & 5. Total amount (6) will be the total of categories 3 & 4.
   c. Verify pledge card numbers against those listed on the front of your envelope. Turn in unsealed keyperson envelope containing used AND unused contributor's pledge cards, confidential (sealed) envelopes and cash/checks or validated deposits slip to your Project Officer who will verify your results and SIGN THIS REPORT IN YOUR PRESENCE.

KEYPERSON AND PROJECT OFFICER MUST BOTH SIGN: We verify that we have reviewed the pledge cards, deposit slips and this report for completeness and accuracy.

PLEDGE CARD NO.	NAMES OF PERSONS CONTRIBUTING — CONTRIBUTOR NAME (PLEASE TYPE OR PRINT USING BALL POINT PEN AND PRESS FIRMLY)	AMOUNT CONTRIBUTED — BY CASH/ CHECKS (1)	TOTAL ANNUAL PAYROLL DEDUCTION (2)	EAGLE GIVER	SUPER EAGLE GIVER
75001	Mary Poppins		240 00		X
75002	Duck McQuack	20 00			
75003	Capt O'Hara		120 00	X	
75004	Bahhumbug Scrooge	00			
75025	NOT USED				
	TOTAL	20 00	360 00		

Michael DeWitt
(Keyperson's Signature)

Work Phone: 543-2232

Nita Yates
(Signature of Keyperson's Project Officer)

Work Phone: 543-2233

Date: 10/21/XX

CONTRIBUTIONS

	DONORS	AMOUNT
3. CASH/CHECKS	1	20.00
4. PAYROLL DEDUCTIONS	2	360.00
5. CONFIDENTIAL GIFTS	0	
6. TOTALS	3	380.00

NOTE: SUBMIT ALL #1 COPIES OF THE PAYROLL DEDUCTION CONTRIBUTOR'S PLEDGE CARDS TO PAYROLL OFFICE FOR PROCESSING.

TLR
CEO INITIALS

10/25/XX
DATE

FOR USE BY CFCHQ PERSONNEL ONLY

AGENCY CODE 2 REPORT # 3001

	NO. OF DONORS:	DOLLAR AMOUNT:
CASH	1	CASH 20.00
PRD	2	PRD 360.00
CONF. CASH	0	CONF. CASH 0.00
CONF. PRD	0	CONF. PRD 0.00
TOTAL	3	TOTAL 380.00

CEO Completes the bottom right portion. **Print neatly**. This portion is for data entry.

For Office Use Only

Envelope Total: 380.00

Audited By: Thomas L. Ryan

Keyperson Envelope 3001
Pledge Card Numbers 75001 - **75025**

CONTROLLED MATERIALS

KEYPERSON ENVELOPE

F.E.A.T.

1. **Find** — Identify all the employees in your area of responsibility
2. **Educate** — Make sure all employees attend a CFC briefing
3. **Ask** — Ensure that you ask and provide everyone with a pledge card
4. **Thank** — Thank everyone regardless of whether or not they gave

CONTENTS OF KIT

1 CFC Poster (post in a prominent place in your office space)
1 Donor Brochures (you will receive one Donor Brochure per employee)
25 Pledge Cards (one per employee)
1 Training Guide (KEYPERSON must read after checking contents)
1 Keyperson's Final Report Form (fill out completely after making all contacts)
1 Bank Deposit Slip (for a single deposit once envelope is complete)
1 250+ Cash/Check Form (to record all contributions made by Cash/Check that are $250.00 or more)
1 Lost Pledge Card Form (to record lost or destroyed pledge cards)

WHAT TO DO WITH THE FORMS

- ***Keyperson's Final Report Form:*** Return completed form to envelope to be turned in to your Project Officer with all other used and unused materials.
- ***Bank Deposit Slip:*** Deposit cash and checks at Bank of Hawaii. After deposit is made, enclose validated copy of the deposit slip in this envelope.
- ***Contributors Pledge Card:*** After auditing for completeness and accuracy, enclose the #2 and #3 copies in this envelope and turn in **#1 copy to contributor's payroll center** or to your Project Officer for processing. Enclose all unused forms in envelope.
- ***Note:*** Confidential contributions should be sealed in individual envelopes and put inside this envelope to be turned in to your Project Officer.
- ***Damaged or Otherwise Voided Cards:*** All cards issued in this envelope must be returned in this envelope. Fill out a Lost Pledge Card Form if any of the cards are lost. Additional pledge cards issued to the Keyperson by his/her Project Officer must be returned to the Project Officer to be placed in the envelope bearing the pledge card's number.

DO NOT MIX PLEDGE CARDS AMONG ENVELOPES.
RETURN ALL MATERIALS TO YOUR PROJECT OFFICER.

HAWAII-PACIFIC AREA COMBINED FEDERAL CAMPAIGN
200 N. Vineyard Blvd, 6th Floor
Honolulu, HI 96817
Telephone: 543-2233/2232 – Fax: 543-2257

CEO Completes upper left amount and signs. Print Neatly.

Finalize Envelope (CEO)

- **Remove all pinks**
  - **Keep all “YES” I want my name or email released copies neatly in a separate box.**
- **Remove all unused deposit slips**
  - **Keep neatly in a separate box for return to CFC Headquarters**
- **Remove any unused lost pledge card forms**
  - **Keep neatly in a separate box for return to CFC Headquarters**
  - **Used lost pledge card forms will remain in the envelope**
- **Remove all 250+ Cash/Check giver forms and keep neatly in a separate box**
  - **250+ Cash/Check forms will be returned to CFC Headquarters**

Finalize Envelope (CEO)

- Separate pledge cards with donations and voided or unused cards. There should be only one of each copy in the envelope.
- Staple the unused or voided stack in the top center about one inch down. Keep them in a neat stack
- There should only be one copy of the Keyperson Report in the envelope (White Copy. Place the pledge cards with donations on them on the Keyperson Report and fold the Keyperson Report in Half.
- This will give you all used cards folded neatly inside the Keyperson Report and unused or voided cards stapled. Only the used cards get folded in the Keyperson Report. Unused and can be set on top of folded Keyperson Report.

Finalize Envelope (CEO)

- If there are any used lost pledge card forms, place them behind the Keyperson Report and staple once in top left corner.
- Return voided and unused stapled pledge cards, Keyperson Report folded over, used pledge cards into the envelope.

Thank You!

Questions?